SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891

(715) 373-6138

BAYFIELD COUNTY, WISCONSIN JUN 07 2018

APPLICATION FOR PERMIT

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

		_	
auta	Permit #:	1	8-0195
Motor	Date:	6	0-8-18
Reasipte	Amount Paid:	制。	256-8-18
FNTERE	Refund:		
ENTERE	FILL OUT IN INK (NO PE	NCIL)
AL USE	SPECIAL USE	B.O.	A. OTHER
//State/Zip:			Telephone:

DO NOT START CONS	JANGE 110	ONTIL /	ALE PERIVITOR	INVEDICIN 155UE	LO TO APP	LICANI.		FILLOU	I IN INK (NO	-ENCIL)		
TYPE OF PERMIT F	REQUEST	TED-	☐ LANI	O USE 🗆 S	ANITAR		CONDITION		USE B.O		OTHER	
Owner's Name:	3 /	1			1	ng Address:		y/State/Zip:	1	Telephor	(83-3055	
Odnon Zefro										£		
TICEN CT		110	ν		120	1 / 1/2/10	41.5	110101		715-2	42-2834	
27550 ST Hwy 118 Ash LIAN 6 Win 54806 Contractor: Contractor Phone: Plumber: Plumber Phone:												
Daren Tille 715-292-2834 Daren Tilke 715-292-2834												
Dans Tile 715-292-2834 Dans Tile 715-292-2834 Authorized Agent Phone: Agent Mailing Address (jnclude City/State/Zip): Written Authorization											Authorization	
// - /-										l No.		
PROJECT Tax ID# A 2 - 0.00 - 10000 Recorded Document: (Showing Ownership)												
LOCATION 04-020-2-47-05-33-44-												
<u>Sw</u> 1/4, <u>S</u>	<u>E</u> 1	1/4	Gov't Lot	Lot(s)	CSM	Vol & Page CSN	/I Doc# Lot	(s) No. Block(s) No.	Subdivision:			
Section <u>33</u>	, Tow	nship 🚣	17_ N, R	ange <u>5</u>	w	Town of:			Lot Size	Acrea	ge	
						eam (incl. Intermittent)	Distance Str	ucture is from Shorelir	ie: Is Pr	operty in	Are Wetlands	
☐ Shoreland →				of Floodplain?		escontinue>	-		feet Flood	olain Zone?	Present?	
	☐ Is F	roperty	/Land withir	1000 feet of	12211		Distance Str	ucture is from Shorelin		Yes No	☐ Yes	
×1					пу	escontinue ->] :-		feet	_ INO	□ No	
Non-Shoreland												
Value at Time	HI THE	4 J				The state of the	# = f	Transfer to		Mario de la		
of Completion							# of bedrooms		hat Type of		Type of	
* include		Proje	ct	# of Sto	ries	Foundation	in		Sanitary Syst		Water	
donated time & material	77						structure	ls on	the property	A 110 A 111	property	
	Nev	v Const	ruction	☐ 1-Story		☐ Basement	1	☐ Municipal/City		☐ City		
	☐ Add	dition/A	Alteration	☐ 1-Story	+ Loft	☐ Foundation	□ 2	☐ (New) Sanitary	☐ (New) Sanitary Specify Type:			
90,000	☐ Cor	version	1	2-Story		- Coment	□ 3	☐ Sanitary (Exists	Specify Type: Well			
	☐ Rel	ocate (e	xisting bldg)					Privy (Pit) or			on)	
			ness on			Use	None	☐ Portable (w/ser				
*		perty				☐ Year Round		☐ Compost Toile	ilet			
								□ None				
Existing Structur	e: (if pe	rmit beir	ng applied fo	r is relevant to	it)	Length:		Width:				
Proposed Constr	ruction:					Length:		Width:		leight:		
	Town In	(- 1 m - 1	An and Stoles									
Proposed Us	se	1				Proposed Structu	re		Dimensi	ons	Square Footage	
*						ture on property)			(X)		
8			kesidence	e (i.e. cabin, l	nunting	snack, etc.)			(X)		
☐ Residential	Use			with a Por	rch				(X)		
	41 (40 M 450)			with (2 nd)					(X)		
				with a De					(X)		
				with (2 nd)			N.		(X	,	A.	
Commercia	l Use			with Attac		rage -			(X)		
Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) (X))					
						ite)			(X)		
		П		Alteration		•			(X	1		
Rec'd for Issuance: Accessory Building (specify) TANK 60,000						•	90'1					
Hec a for is	ssuano	Qr-9				Alteration (specify			(X	1		
	- 0040			,	, 1	(openiy						
IIIN 1 =	/11119								(x	1		
JUN 15	2018		Special III	se: (explain)								
				se: (explain) _					(Y)		
JUN 15			Condition	nal Use: (expla	ain)				(X)		
			Condition Other: (ex	nal Use: (expla	ain)				(X)		
Secretari	al Staf	including a	Other: (ex	oplain)OBTAIN A PERM g information) has	ain)	TING CONSTRUCTION \	WITHOUT A PERN	AIT WILL RESULT IN PENALT vledge and belief it is true, corn determining whether to issue a	(X)) (we) acknowled	ge that I (we) am	

property at any reasonable time for the purpose of inspection.	
Owner(s): Daren Zilko	Date (0-8-18
(If there are Multiple Owners listed on the peed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: Dan Zilla	Date 10-8-18
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	a

Address to send permit ZiFko GAS 27550 ST Hwy 118

ASHLAND win 54806

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

Fill Out in Ink – NO PENCIL

Show Location of:

Proposed Construction

Show / Indicate: Show Location of (*): North (N) on Plot Plan

(3)

(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4)Show:

(5)

All Existing Structures on your Property

Show: Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20%

See ATTAChed Form

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	Measurement		Description	Measure	ement	
Setback from the Centerline of Platted Road	240'	Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet	
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek	NA	Feet	
				Setback from the Bank or Bluff	IVA	Feet	
Setback from the North Lot Line	1000+	Feet			10		
Setback from the South Lot Line	240'	Feet		Setback from Wetland	NIA	Feet	
Setback from the West Lot Line	10007	Feet		20% Slope Area on the property	☐ Yes	□ No ´	
Setback from the East Lot Line	530'	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	NH	Feet		Setback to Well	500	Feet	
Setback to Drain Field	NA	Feet			300		
Setback to Privy (Portable, Composting)		Feet				*	
Prior to the placement or construction of a structure within ten (10) fee	t of the minimum requir	ed setback, t	he bo	oundary line from which the setback must be measured must be visible from on	e previously surveye	ed corner to the	

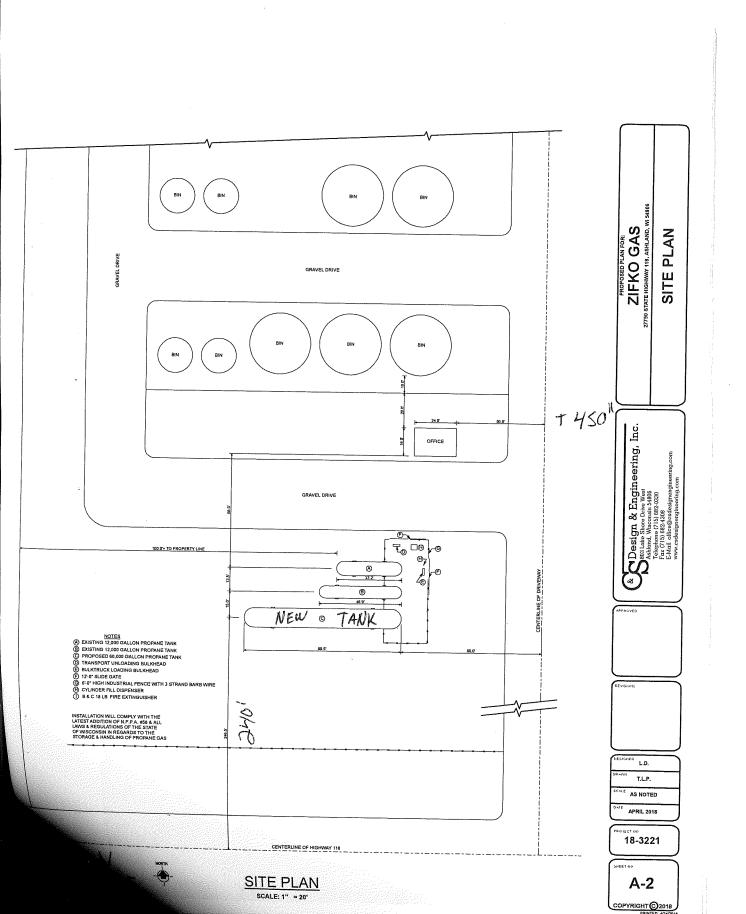
ner previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 18-0195	Permit Date: 6-15	5-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue) Yes (Fused/Contigue) Yes (Pused/Contigue) Yes (Deed of Record Yes (Pused/Contigue) Yes (P	d)	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☑ No					
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:							
Was Proposed Building Site Delineated Yes No		Were Property Lines Represented by Owner Was Property Surveyed Yes Yes							
Inspection Record: Conditional USE # 12-0	735/	Zoning District (COF Lakes Classification (—							
Date of Inspection: 6/13/18	Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Maintain required licenses + Safty proceedures									
Signature of Inspector:				Date of Approval: 6/15/16					
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees: 🗌	_					



City, Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0195	Issued To:	Daren & Lonnie Zifko								
Location:	SW 1/4 of SE Less E 1/2 E 1/2	1/4 Sec	tion 33	Township	47	N.	Range	5	W.	Town of	Eileen
Gov't Lot	Lot		Block	Subdivisi		n				CSM#	

For: Commercial Accessory Structure: [1- Story; Propane Tank #3 (11' x 90') = 990 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain required license and safety procedures

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 15, 2018

Date